

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013244

Entity Name: BANKOFF LLC

Current Principal Place of Business:

1001 E ATLANTIC AVE
SUITE 202
DELRAY BEACH, FL 33483

Current Mailing Address:

1000 MARKET STREET
SUITE 300
PORTSMOUTH, NH 03801 US

FEI Number: 75-3067913

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------------------|-----------------|---------------------------------|
| Title | MGR | Title | MGR |
| Name | WALSH, MARK | Name | WALSH, MICHAEL |
| Address | 1001 E. ATLANTIC AVE, SUITE 202 | Address | 1001 E. ATLANTIC AVE, SUITE 202 |
| City-State-Zip: | DELRAY BEACH FL 33483 | City-State-Zip: | DELRAY BEACH FL 33483 |
| Title | MGR | Title | MGR |
| Name | WALSH, WILLIAM | Name | ADE, RICHARD |
| Address | 1000 MARKET STREET, SUITE 300 | Address | 1000 MARKET STREET, SUITE 300 |
| City-State-Zip: | PORTSMOUTH NH 03801 | City-State-Zip: | PORTSMOUTH NH 03801 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICHARD ADE

MANAGER

01/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date